# Lady Wigram Limited - Lady Wigram Village

## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Lady Wigram Limited

**Premises audited:** Lady Wigram Village

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 22 August 2024 End date: 23 August 2024

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 131

# Executive summary of the audit

## Introduction

This section contains a summary of the auditors’ findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

* ō tātou motika **│** our rights
* hunga mahi me te hanganga │ workforce and structure
* ngā huarahi ki te oranga │ pathways to wellbeing
* te aro ki te tangata me te taiao haumaru │ person-centred and safe environment
* te kaupare pokenga me te kaitiakitanga patu huakita │ infection prevention and antimicrobial stewardship
* here taratahi │ restraint and seclusion.

As well as auditors’ written summary, indicators are included that highlight the provider’s attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

**Key to the indicators**

| **Indicator** | **Description** | **Definition** |
| --- | --- | --- |
|  | Includes commendable elements above the required levels of performance | All subsections applicable to this service fully attained with some subsections exceeded |
|  | No short falls | Subsections applicable to this service fully attained |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some subsections applicable to this service partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some subsections applicable to this service unattained and of moderate or high risk |

## General overview of the audit

Lady Wigram Village provides hospital (geriatric and medical), rest home, and dementia level services for up to 140 residents. There were 131 residents on the days of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora – Waitaha Canterbury. The audit process included the review of policies and procedures; the review of resident and staff files; observations; and interviews with residents, family/whānau, management, staff, and a nurse practitioner.

The care facility manager is appropriately qualified and experienced and is supported by an experienced team of executive leaders. There are quality systems and processes being implemented. Feedback from residents and family/whānau was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit identified the service meets the Standard.

## Ō tātou motika │ Our rights

|  |  |  |
| --- | --- | --- |
| Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm,  and upholds cultural and individual values and beliefs. |  | Subsections applicable to this service fully attained. |

Lady Wigram Village provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports culturally safe care delivery to Pacific people.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The staff and management listen to and respect the opinions of the residents, and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints are actively managed and documented.

## Hunga mahi me te hanganga │ Workforce and structure

|  |  |  |
| --- | --- | --- |
| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Subsections applicable to this service fully attained. |

Lady Wigram Village is governed by a general manager and a team of executive leaders. Services are planned, coordinated, and are appropriate to the needs of the residents. The business plan 2023-2024 informs the site-specific operational objectives which are reviewed on a regular basis. Lady Wigram Village has a documented quality and risk management system. Quality and risk performance is reported across various meetings and to the organisation's management team. Lady Wigram Village collates clinical indicator data and benchmarking occurs.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained.

Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligns with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga │ Pathways to wellbeing

|  |  |  |
| --- | --- | --- |
| Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs. |  | Subsections applicable to this service fully attained. |

The clinical manager and clinical coordinators efficiently manage the entry process to the service. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care.

The care plans demonstrate individualised care. The planned activity programme provides residents with a variety of individual and group activities. There are adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines.

Registered nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed meets prescribing requirements and are reviewed at least three-monthly by the nurse practitioner.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met. The service has a current food control plan.

Residents are reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

## Te aro ki te tangata me te taiao haumaru │ Person-centred and safe environment

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| --- | --- | --- |
| Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities. |  | Subsections applicable to this service fully attained. |

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms have individual ensuites. There are communal toilets situated close to lounge areas with appropriate signage. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents.

Security checks are performed by staff. Security lights are installed externally throughout the facility and doors and gates are automatically locked at night. The dementia units are secure with secure enclosed gardens.

## Te kaupare pokenga me te kaitiakitanga patu huakita │Infection prevention and antimicrobial stewardship

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| --- | --- | --- |
| Includes five subsections that support an outcome where Health and disability service providers’ infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance. |  | Subsections applicable to this service fully attained. |

Infection prevention management systems are in place to minimise the risk of infection to residents, staff and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform staff and managers. Standardised definitions are used for the identification and classification of infection events.

Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported on. The service has screening activities in place for residents, visitors, and staff. Pandemic response plans are in place and the service has access to personal protective equipment supplies. There have been four outbreaks reported since the previous audit in January 2024.

Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Incidents are documented in a timely manner and as per policy. Chemicals are stored securely and safely. Fixtures, fittings, and flooring are appropriate for cleaning.

## Here taratahi │ Restraint and seclusion

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| --- | --- | --- |
| Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained. |  | Subsections applicable to this service fully attained. |

There is governance commitment to work towards a restraint-free environment. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility has residents currently using restraint. Use of restraints is considered as a last resort only after all other options were explored. Education is provided to staff around restraint minimisation. A restraint register is maintained, and restraints are reviewed on a regular basis. Regular quality review of restraint use occurs.

## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Subsection** | 0 | 29 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 177 | 0 | 0 | 0 | 0 | 0 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Unattained Negligible Risk**  **(UA Negligible)** | **Unattained Low Risk**  **(UA Low)** | **Unattained Moderate Risk**  **(UA Moderate)** | **Unattained High Risk**  **(UA High)** | **Unattained Critical Risk**  **(UA Critical)** |
| **Subsection** | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 |

# Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futures  Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. | FA | A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Lady Wigram Village is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and these are documented in the resident care plan where required. There are clear processes to include tikanga Māori in everyday practice.  The care facility manager (CFM) confirmed that the service supports a Māori workforce through an equitable recruitment process that is responsive and inviting for Māori. The service currently has staff who identify as Māori and the CFM is actively seeking to employ more Māori staff members. The service encourages the use of te reo Māori and tikanga Māori into everyday practice.  There are established linkages with Māori providers; access to a Māori advisor; and Te Taumutu local marae provides guidance and support for staff and residents when needed. The service has provided training sessions to all staff on cultural safety, diversity, equity, Te Tiriti and tikanga in May 2024. Residents and family/whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa  The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes. | FA | A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The Pacific health plan has been written by an external consultant who is well known and respected in the industry. They also have had input from their Pacific community contacts. The service currently has no residents who identify as Pasifika.  On admission all residents state their ethnicity. Lady Wigram Village has links with the Pacific providers to ensure connectivity within the region. These include links via staff members with Pacific community groups and churches through two Pacific advisors (Samoan and Tongan). At the time of the audit there were staff that identify as Pasifika.  Interviews with six managers (general manager, care facility manager, clinical manager, assistant manager, kitchen manager, property manager); thirty-four staff (seventeen caregivers, eight registered nurses (RNs) including three clinical coordinators, three activities coordinator, two diversional therapists, two physiotherapist assistant, education coordinator, care administrator); and documentation reviewed identified that the service provides person-centred care. |
| Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is displayed in English and te reo Māori. Details of the Code are included in the information that is provided to new residents and their family/whānau. The clinical manager and/or care facility manager discuss aspects of the Code with residents and their family/whānau on admission. Residents receive information on the Code at residents’ meetings. The service is recognising Māori mana motuhake through actively engaging residents and family/whānau in determining their own health goals. Lady Wigram Village reviewed their policies and service delivery to ensure inclusiveness to reflect residents’ voices, perceptions, understandings, and experiences. There are links to spiritual support documented in the spirituality policy.  Advocacy service information is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Nine residents (three rest home, six hospital) and eleven family/whānau (seven dementia, one rest home, and three hospital) interviewed reported that the service is upholding the residents’ rights. Interactions observed between staff and residents during the audit were respectful. |
| Subsection 1.4: I am treated with respect  The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences. | FA | Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in. Lady Wigram Village annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff to understand the key elements of self-determination and providing equity in care services. It was observed that residents are treated with dignity and respect. The annual resident and family/whānau survey results for 2024 and interviews with residents and family/whānau confirmed that they are treated with respect.  A sexual safety policy is in place, with training provided as part of the education schedule. Staff interviewed stated they respect each resident’s right to have space for intimate relationships when required. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident’s preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans.  Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Māori cultural days are celebrated and include Matariki and Māori language week. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori to build knowledge and awareness about the importance of addressing accessibility barriers. Understanding of these topics are checked using a written cultural competency completed during orientation and on an ongoing basis annually. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori. |
| Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse. | FA | An abuse and neglect policy is being implemented. Lady Wigram Village policies documents actions taken to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct and policy pledge is discussed and signed during the new employee’s induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. Lady Wigram Village Māori Health Plan includes strategies to abolishing institutional racism.  Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity as well as equality, diversity, and inclusion. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.  Police checks are completed as part of the employment process. The service implements a process to manage residents’ comfort funds. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The staff engagement survey evidence positive comments related to colleagues being helpful and supportive of each other, thus creating a positive workplace culture. Te Whare Tapa Whā is recognised, and the care plans identify resident focused goals and reflects a person-centred model of care. |
| Subsection 1.6: Effective communication occurs  The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices. | FA | An information pack is provided to residents and family/whānau on admission. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident; communication is also documented in the progress notes. Resident files reviewed identified family/whānau are kept informed of any changes; this was confirmed through the interviews with family/whānau. An interpreter contact details are documented and available to staff. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak or understand English.  Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The service communicates with other agencies that are involved with the resident, such as Nurse Maude and Health New Zealand - Canterbury specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services and this is placed on the residents’ individual file. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility through emails, newsletters, and resident and family/whānau meetings. |
| Subsection 1.7: I am informed and able to make choices  The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control. | FA | There are policies around informed consent. Twelve resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and influenza vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.  In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files, where applicable. Where the EPOAs are activated, there is a medical letter of incapacity on file. |
| Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement. | FA | The complaints procedure is provided to all residents and family/whānau on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The care facility manager maintains a complaints’ register containing all appropriate documentation, including formal acknowledgement, investigation, and resolution records in accordance with guidelines set by the and Health and Disability Commissioner (HDC) and the organisation’s own policy and procedures. There have been two complaints made since the last audit in January 2024. Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. The complaints process links to the advocacy service. There were no complaints from external agencies.  Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident meetings are held and are another avenue to provide residents with the opportunity to voice their concerns. The managers have an open-door policy and encourage residents and family/whānau to discuss any concerns. This was observed during the audit. The complaints process is linked to the quality and risk management system. Staff meeting minutes cover discussions relating to any complaints lodged. |
| Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve. | FA | Lady Wigram Village is located in Wigram, Christchurch and is part of a wider retirement village. The service provides care for up to 140 residents at hospital (medical and geriatric), rest home and dementia level care. At the time of the audit there were 131 residents in total.  The rest home unit has 40 beds and there were 39 rest home residents, including one on Accident Compensation Corporation (ACC) funding. The hospital unit has 60 dual-purpose beds and there were 55 residents in total: 52 hospital residents (including one resident on a long-term support chronic health contract (LTS-CHC), one on an end-of-life contract [EOL]) and three rest home residents. There are two secure dementia units; the Corsair unit has 20 beds with 18 dementia residents, and the Skyhawk unit has 20 beds with 19 dementia residents. All other residents were on the aged related residential contract (ARRC).  Lady Wigram Village is a family-owned business. There is a director/owner, and a general manager who oversee the Lady Wigram Village facility. The general manager interviewed confirm there was no changes made to the governance structure. The care facility manager and clinical manager report to the general manager. The director/owner visits the site on a regular basis and meets monthly with the general manager, care facility manager, and clinical manager (executive team) to discuss all matters related to governance. The general manager actively engages with residents and staff, as evidenced through observations and interviews. The care facility manager, (non-clinical), and clinical manager have both been in their roles since August 2023. They are supported by three clinical coordinators, assistant manager, property manager, kitchen manager, care facility administrator and finance manager.  Lady Wigram Village current business plan 2023-2024 identifies annual goals and measures. The organisation structure, purpose, vision, values, mission statement, performance and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals. The goals relate to business and services; leadership and management; financial leadership and management; risk management and marketing; advertising and promotion; and clinical quality goals related to wound management and pressure injury prevention; decrease of medication errors; and compliance of clinical documentation. The business plan includes service development that support outcomes to achieve equity and addresses barriers for Māori, as documented in the business plan.  There are two Pacific advisors and a Māori advisor who provide advice to the executive team on any issues requiring cultural oversight and direction. The director, general manager and executive team members have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety.  The working practices at Lady Wigram Village are holistic in nature, and inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community to improved health outcomes for Māori and tāngata whaikaha. Opportunities for family/whānau are provided through general feedback, surveys, meetings and the complaints process to participate in the planning and implementation of service delivery.  Clinical governance is overseen by the care facility manager, clinical manager and three clinical coordinators. There is a monthly quality improvement meeting and bimonthly governance meetings. All high-risk areas are discussed alongside corrective measures taken. These measures are then reviewed and adapted until a positive outcome is achieved, or the goal is achieved. The general manager attends both the meetings.  The care facility manager is a registered nurse (non-practising), who has been in the role for 12 months. They have extensive experience in aged care. The care facility manager is supported by an experienced clinical manager, who has been in their role for 12 months.  The care facility manager and the clinical manager have completed other professional development activities in excess of eight hours annually, related to managing an aged care facility. |
| Subsection 2.2: Quality and risk  The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers. | FA | Lady Wigram Village is implementing a quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data (eg, falls, medication errors, infections, skin integrity/tears, complaints, restraints).  A range of monthly meetings (eg, staff quality meeting, registered nurse, quality improvement meeting and head of department) provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staff room. Corrective actions are discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality data analysis, including benchmarking, feedback through residents’ meetings, and complaints management provides an avenue for critical analysis of work practices to ensure health equity. Quality data to measure clinical effectiveness are regularly reviewed.  Several quality improvement activities are documented to decrease medication errors. An example of a documented quality improvement activity related to an increase in medication administration errors include translation of the medication competency into Portuguese and Filipino; training related to Parkinson`s and the associated medications; monitoring of the ergonomics of the medication trolley; the placement of the electronic device; and improving of communication related to changes made in medication. The monitoring of the activity is ongoing.  Cultural safety is embedded in the quality system to ensure staff can deliver high-quality health care for Māori. Tāngata whaikaha have meaningful representation through the resident and family/whānau meetings and six-monthly case conferences.  An annual resident and family/whānau survey is conducted. The results of the July 2024 survey evidence an improvement in participation/engagement and the survey results have been compared with previous surveys. All the service delivery areas evidence an improvement in satisfaction from the previous year (December 2023). Quality improvement plans have been documented around improvement of the residents` knowledge about the complaints process and the improvement of the food services. Results were provided and discussed at the relevant residents` and staff meetings.  There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by an external consultant. New policies or changes to policy are communicated and discussed with staff.  A health and safety system is in place. The health and safety team, led by health and safety representatives, meet monthly as part of the quality improvement meetings. Two health and safety representatives were interviewed and confirmed they have received training relevant to their role. Identifications of any hazards are documented, and an up-to-date hazard register is reviewed. Staff incidents, hazards and other health and safety issues are discussed monthly as part of the quality improvement meeting. Staff incidents, hazards and risk information is collated at facility level, reported in the quality improvement meetings and governance meetings.  Electronic reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs. Ethnicity data is linked to benchmarking data. The electronic resident management system escalates alerts, depending on the risk level. Any residents with acute and complex needs are discussed in meetings and at handover. A sample of 15 incident/accident reports were reviewed and evidence appropriate and timely follow up, investigations and communication to family/whānau. Opportunities to minimise future risks are identified by the clinical manager and clinical coordinators, in consultation with registered nurses and caregivers. An internal audit on accident and incident reporting was completed as part of the internal audit schedule and evidence full compliance.  Discussions with the care facility manager, clinical manager and clinical coordinators reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT for a non-facility acquired stage III pressure injury (April 2024); non-facility acquired unstageable pressure injury (May 2024); resident behaviour (June 2024); controlled drug loss (July 2024). There was one notification required to be made to the Health Safety and Quality Commission in August 2024.  There have been four outbreaks since the previous audit (Covid-19 outbreaks in March 2024 and August 2024) and a norovirus concurrent with an influenza outbreak in July 2024, which were appropriately reported, managed, and staff debriefed. |
| Subsection 2.3: Service management  The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | There is a staffing policy that guides clinical staffing ratios to meet the acuity needs of residents. The roster provides sufficient and appropriate cover for the effective delivery of clinically safe care and support to residents. There is 24/7 RN cover; with at least two RNs on morning and afternoon shift.  There is one RN allocated to the dementia unit in the morning and afternoon, supported by the dementia unit clinical coordinator.  The roster is developed in a pattern where the facility is overseen over weekends by a clinical coordinator (rest home and hospital).  Caregivers reported staffing is adequate. The roster reviewed was fully covered and backfilled when staff were absent on short notice. Residents and family/whānau interviewed confirmed their care requirements are attended to in a timely manner. The care facility manager interviewed confirm call bell reports are regularly reviewed to ensure timely attendance to residents` needs. Meeting minutes evidence staff and residents are informed when staffing levels change.  The care facility manager, dementia unit clinical coordinator and the clinical nurse manager work full-time (Monday to Friday). In the absence of the care facility manager, the clinical manager or general manager will oversee the service.  The assistant manager oversees the housekeeping team. There are separate staff allocated to the kitchen, laundry, recreation, cleaning and maintenance activities.  The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. This includes staff completing a cultural competency. External training opportunities for care staff include training through Health New Zealand - Canterbury and Nurse Maude.  An education coordinator (interviewed) coordinates the orientation, training schedule, competencies, individual training records, and attendance. Compulsory training also includes topics relevant to the conditions of the residents. Education sessions include a mix of electronic modules, quizzes, one on one training and group sessions with speakers, including cultural lecturers from the vocational training institute in Christchurch, Nurse Maude, Aged Concern and Māori and Pasifika advisors. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training and sharing information. Māori staff also share information and whakapapa experiences to support learning.  Managing staff skill gap is a goal in the business plan. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Fifty-four caregivers are employed and forty-four hold the national Certificate in Health and Wellbeing level three or above. Lady Wigram Village supports all employees to transition through the NZQA Certificate in Health and Wellbeing. There are 19 caregivers who work in the dementia unit. Seventeen have completed the required training to meet ARRC E 4.5(f). Three caregivers are in the process of completing the training within the required timeframe. There is a Careerforce assessor on staff.  An annual in-service programme is implemented, and all compulsory topics are included. A training policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. All RNs have attended in-service training which included medical conditions specific to the current residents. There are 20 RNs, and 12 are interRAI trained. Registered nurses are supported to attend external learning opportunities.  All caregivers are required to complete competencies at orientation. Annual competencies include for restraint, moving and handling, hand hygiene, and correct use of personal protective equipment (PPE). A selection of caregivers completes annual medication administration competencies, wound competencies and competencies to complete neurological observations. A record of completion is maintained on an electronic human resources system. All competencies have been completed as scheduled.  There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, employee surveys and performance appraisals. Signage supporting organisational counselling programmes are posted in visible staff locations. Interviews with staff confirmed that they feel supported by their managers. |
| Subsection 2.4: Health care and support workers  The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services. | FA | There are human resources policies in place to guide recruitment, selection, orientation, and staff training and development.  Twelve staff files reviewed (one kitchen manager, one clinical manager, three clinical coordinators, four caregivers, one DT, one laundry assistant, one cleaner) evidenced implementation of the recruitment process, employment contracts, police vetting, and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.  The learning and development policy covers the requirement for performance appraisals/monitoring; and this is implemented. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. |
| Subsection 2.5: Information  The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential. | FA | There is a policy in place to guide archiving and storage. Resident files and the information associated with residents and staff are retained and secure. Electronic information is regularly backed-up and password protected. There is a documented emergency management and civil defence plan that include a business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident’s past paper-based documents are securely stored, archived and/or uploaded to the electronic system. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration. |
| Subsection 3.1: Entry and declining entry  The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau. | FA | Information about the services, accommodation options and costs are outlined in an information pack and on the website. Prior to entry, prospective residents and their family/whānau are invited to meet staff and view the facility. Policies and procedures guide staff in entry criteria and required admission documentation. Residents and family/whānau interviewed confirmed they were given accurate information about the service, and they felt welcome.  Prospective residents are required to be assessed by the needs assessment and coordination service (NASC) as needing rest home, hospital or dementia level care. Residents and family/whānau confirmed staff are respectful and communicate well with them.  Entry would only be declined if a prospective resident does not meet the entry criteria. In this case, they are informed and referred to the NASC. Data is collated on the numbers of declined entries and this data includes ethnicity.  The organisation has links with local iwi and staff are trained in cultural safety, tikanga and consulting whānau in any decision making. Strategies to reduce barriers for Māori entering the service include promotion of the use of te reo Māori in activities and in signage throughout the facility. |
| Subsection 3.2: My pathway to wellbeing  The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing. | FA | Registered nurses are responsible for all residents’ assessments, care planning and evaluation of care. Twelve resident files reviewed: six hospital level (including one on an ACC contract, one EOL funding, and one on an LTS-CHC contract); two at rest home level care; and four dementia level residents. An initial assessment is undertaken by a registered nurse on admission and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system and includes the use of validated assessment tools. The service implements the principles of Te Ara Whakapiri for their residents on end-of-life care.  Within three weeks of admission, a long-term care plan is developed with input from residents, family/whānau, caregivers, registered nurses and activities staff. The long-term care plans are developed by the registered nurse and are holistic, covering physical needs, assistance required with activities of daily living, psychosocial and cultural needs and aspirations and interventions to address medical conditions.  The residents who identified as Māori have a Māori health care plan in place which describes the support required to meet their needs. The registered nurses interviewed describe removing barriers, so all residents have access to information and services required to promote independence. The RNs work alongside residents and family/whānau when developing care plans, supporting residents to develop their own pae ora outcomes. Staff interviewed demonstrated their knowledge of tikanga and cultural safety. Care plans addressed cultural preferences. Staff have access to Māori and Pasifika advisors, if a cultural support is needed.  Resident files are fully integrated with all members of the team contributing to progress notes, including physiotherapist, registered nurses, caregivers, nurse practitioner, podiatrist and activities staff. Where residents have behaviours of concern, early warning signs are identified and strategies to calm and manage behaviour are documented and made known to all staff.  The nurse practitioner (NP) assesses residents either on the day of admission or the next working day. Residents are then reviewed by the nurse practitioner on a three-monthly routine basis or more frequently if their condition changes. The NP interviewed stated that there is good communication with the service, they are informed of concerns in a timely manner, and that they were very confident in the abilities of the nursing team. The facility is provided access to an after-hours service by the NP. A physiotherapist visits the facility twice a week. Two full-time physiotherapy assistants support residents in their mobility needs.  Contact details for family are recorded on the electronic system. Family/whānau and EPOA interviews and resident records evidenced that family/whānau are informed where there is a change in health status.  Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Progress notes are entered daily. Staff receive handover at the beginning of their shift, as observed on the day of audit.  Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all un-witnessed falls as per policy requirements. Monitoring of care is completed as required and stated in the care plans and include (but not limited to) intentional rounding, wound monitoring, behaviour monitoring, regular repositioning, and food and fluid management.  Multidisciplinary reviews occur six-monthly. This includes input from the registered nurse, caregivers, residents and family/whānau, activities staff and physiotherapist. The care plan is reviewed to ensure the goals are being met and if there are new goals identified, the care plan is updated. Where short-term needs are identified, such as wounds or infections, as examples, a short-term care plan is developed and implemented. |
| Subsection 3.3: Individualised activities  The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them. | FA | There is a team of six experienced and enthusiastic full-time activities staff. Two staff are rostered in each area, with the hospital and dementia unit providing a seven day a week service. The team is overseen by a team leader who is a qualified diversional therapist based in the rest home. There are two physiotherapist assistants who provide mobility and exercise support. Two activities members of the team have commenced training in diversional therapy. All activities staff who work in the dementia area have completed their NZQA dementia standards. All members of the team have current first aid certificates. The programme is planned monthly for each unit and includes themed cultural events, including those associated with residents and staff. The activities programme is available throughout the facility on noticeboards within the communal areas and hand delivered to residents’ bedrooms.  Each resident has an “All about me” and an activities assessment completed within a few days of admission. The cultural, social, spiritual and diversional therapy section of the long-term care plan is completed within three weeks of admission and reviewed at least six-monthly at the same time as the long-term care plan is reviewed. Activities staff document in the progress notes weekly or more often if indicated. The resident’s social and cultural profile includes the resident’s past hobbies and present interests, likes and dislikes, career, and family/whānau connections. Staff have access to Māori and Pasifika advisors if cultural support is needed.  The activity team facilitate opportunities to participate in te reo Māori, incorporating Māori language in monthly planners, entertainment and singing, craft, participation in Māori language week, and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents.  Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, hand massage and technology-based activities are offered. There are dedicated activities rooms in each area where residents and family/whānau can access newspapers, games, puzzles, and specific resources. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; news and discussion sessions, music appreciation; walking groups, reminiscing, crafts; games; quizzes; entertainers; whoa to go exercise sessions; café afternoon tea; ladies and men’s groups; board gaming; hand pampering; housie; happy hour; a selection of physical games. There are weekly van drives for residents in each area, outings, and regular entertainers visiting the residents.  Each resident in the secure dementia unit has an individualised 24-hour activity plan and de-escalation/distraction strategies appropriate to them. The activities support reminiscing and sensory needs. Activities also include baking, memory games and domestic chores.  There are three-monthly combined family and resident meetings in each area. Family/whānau are invited to attend these. Family/whānau interviewed confirmed they find the meetings helpful for finding out what is happening in the facility and have an opportunity to provide feedback if necessary. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging. |
| Subsection 3.4: My medication  The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | Medication management is safe and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training. Staff were observed to be safely administering medications.  Registered nurses and caregivers interviewed could describe their role regarding medication administration. Lady Wigram Village uses blister packs for medication for regular use and ‘as required’ medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.  Medications are stored securely in the medication rooms in each area. There is a second medication room in the hospital. Medication trolleys are always locked when not in use. The medication fridges and medication room temperatures are monitored daily. All temperature records reviewed showed that the temperatures are within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer’s instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the nurse practitioner and charted on the medication chart. The six-monthly controlled drug physical check and reconciliation has been completed as per required timeframes.  Twenty-four electronic medication charts were reviewed. The medication charts reviewed confirmed the nurse practitioner reviews all resident medication charts three-monthly, and each chart has a photo identification and allergy status identified.  There were five residents in the hospital self-medicating on the days of audit. All residents had medication competencies on file, which had been reviewed three-monthly. Medications are stored appropriately in locked bedside drawers. The facility follows documented policies and procedures should a resident wish to administer their medications.  As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent caregivers or RNs sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.  The clinical coordinators described the process to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required. |
| Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring 22 June 2025. Dry ingredients were decanted into containers for ease of access with the dispensing date and/or expiry date visible. The four-weekly seasonal menu has been reviewed by a dietitian. The kitchen manager is supported by four full-time chefs, a chef assistant, dining assistants for each area and kitchen hands. The kitchen also provides a café service and provides meals for independent areas as required. All kitchen staff have completed safe food handling. There is a food services manual available in the kitchen.  The kitchen manager receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements and resident profiles had been reviewed and updated as required. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks at any time of the day or night. On the day of audit, meals were observed to be well presented.  The kitchen staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. Tapu and noa and their relevance to kitchen services were included in kitchen staff orientation, with poster reminders displayed in kitchen preparation areas. There were posters and signage throughout the kitchen in te reo Māori. The kitchen manager discussed a recent event where they provided a boil up to celebrate a special event for a Māori resident and their friends and family/whānau.  The service uses an electronic system to ensure monitoring of temperatures is completed. Daily records include fridge and freezer temperatures recordings in kitchen and kitchenette areas. Food temperatures are checked at different stages of the preparation process. These are all within safe limits.  Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained as evidenced on the electronic monitoring system. Meals are directly served to residents in the dining room and lounges or transported on trays to their rooms. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating as required.  Food services staff have all completed food safety and hygiene courses. The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys. |
| Subsection 3.6: Transition, transfer, and discharge  The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support. | FA | Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a higher level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau.  Residents/family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested. When residents are transferred to the public hospital, their family is informed. The nurse practitioner makes the referral to hospital. Relevant documentation is sent with the resident, including a printout of their current medications, care needs and a copy of enduring power of attorney documents.  Where residents wish to be or need to be seen by another health service, referral is made. Examples of this were sighted in resident files, including referrals to the wound nurse specialist at Nurse Maude. Registered nurses complete a Nurse Maude referral and send this with a photograph of the wound. The nurse specialist decides if they needed to consult with the resident in person or send instructions for the management of the wound, if it is considered non-complex.  Residents attending external appointments are encouraged to be accompanied by their family, particularly those with dementia. Any risks are communicated to the external health provider by the registered nurse and documented in the file. |
| Subsection 4.1: The facility  The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function. | FA | The building holds a current warrant of fitness, which expires 3 May 2025. A property manager (interviewed) oversees a team of three maintenance staff and four gardeners. The maintenance team addresses day to day repairs and completes planned maintenance. There is a maintenance request book for repairs and maintenance requests in each nurse`s station. The maintenance book is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed April 2024). Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment has occurred as planned (last completed May 2024).  The building is a two-level purpose-built building with easy access to the spacious external courtyards and gardens. A gardening team maintains gardens and grounds. There is outdoor furniture and shade available.  The facility has wide corridors with handrails for residents to safely mobilise using mobility aids, including power chairs. Residents were observed moving freely around the areas with mobility aids where required. The staff interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans. There are two lifts between the floors which are large enough for mobility equipment and beds. The facilities furnishings, floorings and equipment are designed to minimise harm to residents.  There are 140 rooms with a 60 dual purpose hospital wing on level one, and a 40-bed rest home and two 20-bed adjoining dementia units on the ground floor. Each unit has a large open plan dining area which connect to large communal lounge areas. The corridors, communal areas and resident rooms are carpeted. Bathrooms, ensuites, kitchenette and service area have vinyl surfaces. There is a library in the rest home and a hair salon located near the entrance. There is a whānau room in the hospital with tea and coffee making facilities. There are adequate storage areas for mobility equipment. Staff interviewed confirmed there is sufficient equipment to provide the care outlined in the residents’ care plans. All resident rooms are spacious enough to allow residents to move about with mobility aids and wheelchairs and allows for the use of hoists. Residents and family/whānau are encouraged to personalise resident rooms, as viewed at the time of the audit. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares.  There is heat pump central heating throughout the facility with individual units in each resident room. Temperatures can be adjusted to suit individual preferences. All resident rooms have external windows and are well ventilated. The facility has plenty of natural light. All residents interviewed stated they were happy with the temperature of the facility. There are large gas fires in the rest home and hospital lounges. Furniture is arranged around the fireplaces to create a homely and welcoming environment.  All resident rooms have full ensuites with a disability friendly shower, toilet and hand basin. There is a large shower room in the hospital unit which is suitable for a shower bed. There are communal toilets in each unit situated close to communal lounges. There are adequate numbers of toilets and showers for residents and separate facilities for staff and visitors. Vacant/in-use signage is on the communal and visitor toilets. All ensuite and communal toilets have paper towels and flowing soap available.  Group activities occur in the main lounge and residents interviewed stated they were able to use alternative communal areas if they did not wish to participate in the group activities being held in the main lounge. There are additional small lounges in each area. There are activities rooms in each area.  The two dementia units each have a large open plan lounge dining room with a combined nurse` station which overlooks the communal areas. There is a partition separating the two communal areas which can be opened for large group activities or entertainment. The secure garden areas and internal courtyards are freely accessible to residents. On the days of audit, these outdoor areas were well utilised by residents and visitors.  The care facility manager reported that there is no planned development for the building; however, should this change, the provider would ensure current linkages in place with Māori would be consulted and a co-design approach of the environments, would occur to ensure that the aspirations and identity of Māori would be reflected. |
| Subsection 4.2: Security of people and workforce  The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand (dated 2 November 2020). Fire evacuation drills are held six-monthly and were last completed August 2024.  Civil defence supplies are stored in identified cupboards in each area and are checked three-monthly. In the event of a power outage, emergency lighting provides sufficient lighting until the provider can access generators. The service currently has access to a generator through an external contractor and are in the process of purchasing a suitable generator at the time of the audit. The facility has wiring already installed for a generator. A gas barbeque and portable gas hobs are available for cooking. There is adequate food supply available for each resident for minimum of three days. There are adequate supplies in the event of a civil defence emergency. The provider has bottled water supplies and a 7000-litre tank available, providing sufficient water supplies to provide residents and staff with three litres per day, for a minimum of three days. Oxygen cylinders are available. Emergency management is included in staff orientation and is included in the ongoing education plan. Emergency response flip charts are readily available in each nurse’s station and in various other areas. A minimum of one person trained in first aid is always available.  There are call bells in the residents’ rooms, communal toilets, and lounge/dining room areas. Care staff in the hospital carry pagers which highlight all call bells activated within the entire facility. All areas have enunciators and alert sensors. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.  The facility is secured at night, with the doors and gates closing at predetermined times. There are closed circuit cameras in communal areas, corridors and at external doors. Family/whānau are informed of emergency procedures as part of the admission process for their relative. On interview, staff confirmed an awareness of the process to follow should an emergency event occur. |
| Subsection 5.1: Governance  The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern. | FA | There is an infection control programme and antimicrobial stewardship (AMS) policy documented for Lady Wigram Village. Expertise in infection control and AMS can be accessed through a microbiologist, Public Health, and Health New Zealand - Canterbury. Infection control and AMS resources are accessible. The infection control programme is reviewed annually in consultation with the infection control coordinator (registered nurse).  Infection rates are presented and discussed at all staff and quality improvement meetings. Benchmarking is conducted. Infection control information is displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involve the infection control coordinator, executive team, NP, and the public health team. There is a documented pathway for reporting infection control and AMS issues through the clinical manager. The infection control coordinator knows and understands their responsibilities for delivering the infection control and antimicrobial programmes and seeks additional support where needed to fulfil these responsibilities. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. |
| Subsection 5.2: The infection prevention programme and implementation  The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services. | FA | The infection control coordinator (registered nurse) oversees and coordinates the implementation of the infection control programme. Infection control coordinator role, responsibilities and reporting requirements are defined in the job description. The infection control coordinator has completed infection prevention and control training via Health New Zealand and the Ministry of Health. There is a defined and documented infection control programme, and the programme was developed by an external consultant, well known, and respected in the industry. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. Policies are available to staff. The annual infection and AMS programme were reviewed for 2023.  The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources, including personal protective equipment (PPE), were available on the days of the audit. Resources were readily accessible to support the pandemic response plan if required. The infection control coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education at orientation and through ongoing annual education sessions. Education with residents was on an individual basis and as a group in residents’ meetings and included reminders about hand hygiene and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.  The infection control coordinator (clinical coordinator hospital) liaises with the clinical manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Health New Zealand Te Whatu Ora- Canterbury. The care facility manager stated that the infection control coordinator would be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.  Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a policy to guide staff in decontamination and disinfection of surfaces and equipment. Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique, and use of disposable aprons and gloves. Flowing soap and sanitiser dispensers were readily available around the facility.  The kitchen linen is washed separately, and different/coloured face cloths are used for different parts of the body and same applies for white and coloured pillowcases. These were culturally safe practices observed, and thus acknowledge the spirit of Te Tiriti. The infection control coordinator reported that residents who identify as Māori are consulted on infection control requirements as needed. In interviews, staff understood these requirements. The service has printed educational resources in te reo Māori. |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation  The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services. | FA | The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported at all facility meetings. Significant events are reported to the executive team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus. | FA | The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, soft tissue, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated infections.  Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers, management, and staff meetings, for early interventions to be implemented. Benchmarking is completed.  Residents were advised of any infections identified and family/whānau where required, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There have been four outbreaks reported since the last audit; this was reported and well managed. Outbreak meetings occurred to discuss lessons learned.  There were five residents in the rest home in isolation at the time of the audit. Staff could describe their response and the precautions they are implementing. Staff were observed wearing appropriate PPE and receive comprehensive information during handovers. The rest home staff had a separate staff area. Visitors received communication on the status of infections within the facility. There were appropriate number of hand sanitizers and masks available for visitors at the entry to the service. |
| Subsection 5.5: Environment  The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms. | FA | Policies regarding chemical safety and hazardous waste and other waste disposal are in place. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers.  Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area and a sanitiser with stainless steel bench and separate hand hygiene/washing facilities with flowing soap and paper towels. Eye protection wear and other personal preventative equipment are available. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals.  There are designated cleaners. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be hygienically clean throughout. The cleaners have attended training appropriate to their roles. The executive team has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits.  Personal clothing is laundered on site, and laundry of linen is outsourced. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on trollies. There is enough space for linen storage. The linen cupboards were well stocked with good quality linen. Cleaning and laundry services are monitored through the internal auditing system. The washing machine and dryer are checked and serviced regularly.  The infection control coordinator provide support to maintain a safe environment during construction, renovation and maintenance activities. |
| Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau and EPOA, and the choice of device must be the least restrictive possible. When restraint is considered, the restraint coordinator ensures services are mana enhancing. Lady Wigram is committed to achieving and maintaining a restraint-free environment that support the health, wellbeing, dignity and mana of residents, as evidenced through the documented bimonthly governance meetings.  The designated restraint coordinator is the hospital registered nurse. There are three hospital level care residents listed on the restraint register as using a restraint (two using bedrails and one with a lap/waist belt). Both residents were using a bed rail to provide assistance with bed mobility and repositioning. The use of restraint is for each of these residents is reviewed informally each month by the restraint coordinator and this is reported at the clinical, staff and quality improvement meetings. The resident and/or family/whānau are consulted on the restraint procedures, as part of the restraint review processes, as required. Authorisation of restraints in Lady Wigram takes place on an individual level and organisational level through the restraint approval group. The restraint coordinator and NP approved individual restraint and it is discussed at the monthly quality meetings and bimonthly governance meetings. At organisational level, annual review of restraint occurs with the approval group, which consists of the attending nurse practitioner, clinical coordinators, clinical manager, care facility manager, general manager and the diversional therapist.  There is a documented restraint policy that stated that in the event that all other alternatives have been unsuccessfully trialled. Restraint may be used as a last resort to ensure the physical safety of an individual resident. The guidelines provide for restraint minimisation and elimination and includes an assessment, authorisation and monitoring of the type of restraint.  The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Seclusion is not used at Lady Wigram Village. |
| Subsection 6.2: Safe restraint  The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort. | FA | A restraint register is maintained by the restraint coordinator. The files of the three residents listed as using restraint were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, managing behaviours). All residents were using restraint as a last resort and/or at the insistence of them or their family/whānau or their activated EPOA. Written consent was obtained from each resident and/or their EPOA.  The use of restraint is approved by the NP. No emergency restraints have been required. Monitoring forms are completed for each resident using restraint. Restraints are scheduled to be monitored two hourly or more frequently, should the risk assessment indicate this is required. Monitoring includes resident’s cultural, physical, psychological, and psychosocial needs, and addresses Wairuatanga. No accidents or incidents have occurred as a result of restraint use. Restraints are discussed in the staff and quality improvement meetings. |
| Subsection 6.3: Quality review of restraint  The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. | FA | The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. Restraint is reviewed six monthly in line with the interRAI reassessment and care plan evaluations. The service includes the use of restraint in their annual internal audit programme. The outcome of the internal audit, review of restraint use, restraint incidents (should they occur) and education needs are provided by the restraint coordinator and discussed at staff meetings. Each resident utilising restraint and/or their EPOA has input into the review process. The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data. |

# Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

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| No data to display |

# Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

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End of the report.